State of Washington Employment Security Department

TRAINING BENEFITS APPLICATION PACKET

APPLICANT INFORMATION AND INSTRUCTIONS

Name	SSN_
	*** TRAINING BENEFITS ARE SUBJECT TO THE AVAILABILITY OF FUNDS ***

You should apply for Training Benefits only if your training program will extend beyond your eligibility for regular unemployment insurance (UI) benefits. Training Benefits are simply additional UI benefits while you are in approved training. If your training program can be completed before you exhaust your regular UI benefits, submit only an application for Commissioner Approved Training (CAT) to your TeleCenter. If your regular benefits will run out before you finish your training, complete all forms in this Application Packet.

You must apply for Training Benefits within 60 days of being notified of the program and be enrolled in training within 90 days of being notified of the program. Your receipt of the *Unemployment Insurance Claims Kit and Job Search Guide* you received after filing your claim includes information on Training Benefits and starts the 60 and 90 day periods.

The APPLICATION PACKET contains:

- 1. **TRAINING BENEFITS WORK HISTORY**. Show all your employment for the past seven years and fully describe your duties for each job. Your work history is used to determine:
 - If you are unlikely to return to work in your previous occupation or industry because of a diminishing demand for your skills, and
 - If you have the required long-term history of working in an occupation or using a particular skill (when applicable).
- TRAINING BENEFITS LABOR MARKET RESEARCH. This document and attachments are used to determine if your vocational training program is:
 - Targeted to training for a high demand occupation, and
 - Likely to enhance your marketable skills and earning power.

Attach copies of your labor market research. Documentation must show you have done the research to establish your training will lead to a good paying job.

 COMMISSIONER APPROVED TRAINING (CAT) APPLICATION. To be eligible for training benefits you must be approved for CAT.

CAT allows you to attend training full time and receive UI benefits. If you are granted CAT, you are not required to look for work once you are attending training. And while enrolled and making satisfactory progress in your training, you will not be denied benefits for not being available for suitable work or for refusing suitable work.

You must apply for CAT to be potentially eligible for Training Benefits. **HOWEVER**, CAT approval does not mean you are eligible for Training Benefits. The eligibility requirements for CAT and Training Benefits are not identical.

For example, you can be approved for CAT and receive your regular UI benefits if your full time vocational training relates to an occupation or skill where there are expected to be reasonable employment opportunities (provided you meet all other eligibility requirements). For that same training to qualify you for the additional Training Benefits, it MUST also be established that the training is for a high demand occupation likely to enhance your marketable skills and earning power. The law authorizing Training Benefits set a higher standard of eligibility.

Return all forms and attachments to your Local Employment Center. Former Boeing workers can also fax the completed application packet and attachments to the attention of the Boeing CAT Coordinator at 206 766 6232.

INCOMPLETE APPLICATIONS WILL BE RETURNED

Claimant signature	
BYE	FOR DEPARTMENT USE ONLY
Completed Application Packet received by Local E	mployment Center on
Local Employment Center Representative's Initials	·

PLEASE PRINT		RAI	NING BE	NEFI	<u>rs w</u> c	ORK HIST	<u>ory</u>			
You are not eligible for Trai	ning Benefits if your	curren	t skills are in d	lemand in	your lab	or market. Add	itionall	y, eligibility for Training E	Benefits may be	
determined by your work hi	story for the past se	even ye	ears. In your j	ob descri	ption, list	all skills, tools,	and e	quipment you used.		
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Last Employer					Job Titl	е				
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using what, to what?)										
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Signature _

Date __

^{*} IF YOU DO NOT GIVE US YOUR SOCIAL SECURITY NUMBER, WE CANNOT PROCESS YOUR APPLICATION FOR TRAINING BENEFITS

Next Employer					Job Title	е			
Mailing Address			City		State	ZIP	Lworl	ked for this employer	
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State of Washington Employment Security Department Training Benefits Labor Market Research

Name (Last, First, MI)		Social Security Numbe	r
In addition to other eligibility requirements program is for a high demand occupat			
See the reverse (or next page) for instruct approved.	tions on what informat	tion you must provide for you	r Training Program to be
TRAINING BENEFITS A	RE SUBJECT TO TH	IE AVAILABILITY OF TRA	INING FUNDS
Answers to the questions below should be which workers in your occupation custom with an employment or school counse	arily work, based on y		
Name and location of your Training Progr	am		
Name and location of your Training Progr Training starts on List specific job(s) you will be qualified to	do on completion of tr	and will be completed on	
Job title		Pay	range
			range
Is this an "amended" training plan? Y	es No If Ye	es, see <u>Note</u> Below	
Write a brief summary of your training prowill enhance your marketable skills and e and attach copies of your research and/o amended training plan, please tell us we have answered these questions to apply for this information may be verified and that I musschool, training facility or my counselor or advi	arning power. Be sure rother documentation why it is necessary to training benefits, which I st promptly report any chaisor to release information	e and include references to y in support of your application of change your original plant or change your original plant understand are subject to the avanges in the above conditions to a bout my enrollment, participal	vailability of funds. I understand
attendance, and other measures of program p	rogress to the Employme	ent Security Department.	
Signature of Applicant	Date	Telephone Number	E-mail Address (Optional)
EMPLOYMENT OR SCHOOL ADVISOR	/ COUNSELOR COM	IMENTS:	
Advisor/Counselor Signature	Date	Telephone Number	E-mail Address (Optional)
SCHOOL REPRESENTATIVE CERTIFIC	CATION		
This individual has the qualifications and If yes, basis for certification (e.g., aptitude	aptitudes to successfu		gram Yes N/A
The training program described above is This individual is: Enrolled in training: On a waiting list	Yes No	n our course catalogue. Yes _ If Yes, training starts If Yes, expected enrollmen	, or
Signature of School Representative	Date	Telephone Number	E-mail Address (Optional

Completing Training Benefits Labor Market Research.

Accurate and complete information allows for a quick decision on your application. Most questions are self-explanatory. A few clarifications are below.

- Name and location of your training program. For example, "Criminal Justice at Pierce College, Tacoma" or "Pharmacy Technician at Clark College, Vancouver."
- Training starts on ... and will be completed on. The specific date your training starts and the specific date you will complete <u>all</u> training (not simply the end of the next quarter or term).
- List specific jobs you will be qualified to do on completion of training Job Title and Pay Range. Your vocational training must be for a high demand occupation. What occupation(s) will your training program qualify you to enter? Training must also "enhance" your earning power.
- Is this an "amended" training plan? If you are requesting to extend or change a previously approved plan, you must show why the additional training is <u>necessary</u>. Limited funds are available for Training Benefits. Amended plans that increase the amount of Training Benefits you may receive will be looked at carefully.
- Write a brief summary of your training program. The intent of the law is that training benefits be approved for claimants participating in training programs <u>necessary</u> for their reemployment. Training must enhance "marketable skills and earning power" and "must be targeted to those industries or skills that are in high demand." Write a brief narrative that demonstrates you have done the research and that your training program meets the requirements for approval.

Good example:

"My training will qualify me to be a computer programmer. The demand for this occupation is high in my labor market and the wage range is \$15 to \$30 per hour (see attached labor market information). My school helps place 88% of their graduates of this program in training related jobs that pay anywhere from \$18 to \$26 per hour (statement from school attached)."

Bad Example:

"I want to be computer operator. I enjoy surfing the net and think it would be a neat way to earn a living."

Attach copies of your labor market research to support your Training Benefits Application packet. Your labor market information must be appropriate and realistic for your training program. You can also attach copies of training plans developed with other programs (Dislocated Workers or TRA, for example). Some on-line resources for labor market information include:

WA Interactive Labor Market Access (WILMA)
Washington State Labor Market Information
Workforce Training / Education Coord. Board

http://63.84.240.100/wilma/ http://www.wa.gov/esd/lmea/ http://www.wa.gov/careerguide/career/

- Employment Advisor/Counselor Comments. An employment or school counselor/advisor can provide valuable information on career choices, help you develop a training plan and locate labor market information to support your application. A signed statement in support of your plan lends weight to your application (though it is not required).
- School Representative Certification. Ideally, you have worked with your school to develop a training program in which you can be successful. A listing of favorable aptitude, interest or placement tests you have taken helps demonstrate you have researched and chosen an appropriate training program.

Only full time <u>vocational</u> (*) training can be approved. Your school determines if your training is full time. Your school will also be required to certify periodically that you are satisfactorily progressing in your training.

* Academic training can only be approved if it meets the <u>specific</u> requirements for certification, licensing or for specific skills necessary for the occupation.

Incomplete Training Benefit packets will be returned

TRAINING BENEFITS ARE SUBJECT TO THE AVAILABILITY OF TRAINING FUNDS

State of Washington – Employment Security Department Student Eligibility Questionnaire Name Social Security No. Claimant's Name and Address: Please return this form by mail or fax to: We have a question about your eligibility for unemployment benefits. You have the right to an opportunity to be heard before a decision is made. You are entitled to have with you any person, including an attorney, to represent you during any interview. You may present evidence, documents or witnesses. You are entitled to cross-examine witnesses or parties present. You are entitled to a copy of all records

I request a telephone interview. Please contact me at the number listed above.

or documents relevant to your case. I have read and understand my rights.

I request an in-person interview.

Signature	Date

An individual must be immediately able and available for full-time work and be actively seeking work to be eligible for benefits. Your enrollment and/or attendance at school raise a question regarding your eligibility. We will determine your eligibility based on your answers to the following questions.

School Facts

Name, address and phone number of school or training facility:
Name of training program or major:
Is this training full-time or part-time as defined in the school's course catalog? F/T P/T
School counselor/contact name and phone number:
I have invested \$ (tuition, books, fees, room, board and expenses)
I began this training program on
I will complete the training program/graduate on
I registered for this quarter or term on
Classes began this quarter:Classes will end this quarter:
I am a Freshman Sophomore Junior Senior N/A
List specific jobs you will be qualified to do after completion of training:

If these jobs are not available locall areas?			in order to work	? Yes N	lo If yes, what
What is your financial plan to comp					
What degrees or certificates do you	hold and when (year)	were they received	?		
My class schedule this quarter/term					
Class Name	Course Number	Sem/Qtr. Hours	Class Times	C.	lass Days
My classes are available other hours Yes No I am willing to change or drop my companient of the seeking: I am seeking: Full-time Part	classes: Yes No	If no, please	explain:		occupations:
Where have you looked for work th	e last two weeks?				
Date Employer Name & A	Address Type of	of Work H	ow Contacted	Results	
I am available: Days Swing _	Graveyard	(check all that ap	ply)	•	

I can work hour	s per week/day.			
In the past I have worked full-ting flexible employer, class schedule	ne and attended school: Yese, credits)?	No If yes,	how were you	u able to manage it: (occupation,
If offered full-time work that con	nflicts with my school and I can't o	change my school	schedule, I wo	ould:
My main occupation has been: _		Years of experi	ience:	
List your last three jobs, beginning	ng with the most recent:			
Employer Name		Start	End	Reason Not Working
promptly report any changes in		ployment Claims	TeleCenter.	
Signature		Date		
Phone	E-mail Address (Optional)			

State of Washington Employment Security Department APPLICATION FOR COMMISSIONER APPROVED TRAINING

Dislocated Aerospace Worker or Other Dislocated Worker

Please complete and return this application to your Employment Security Department representative.

(See the reverse for information on completing the application)

Name:	Phone #:	SSN:
Name of current or last employer:		Lay-off date:
Name and address of school or training facili	ty:	
Name of training program:	Training begins:	Training ends:
List specific jobs you will be qualified for after	ter completion of training:	
What is your plan to complete training if you	r UI benefits run out?	
*Please attach labor market informatio	on or a memo from your Disloc stered for training, please atta	9
If you have a counselor or an advisor helping phone number and the name of the organization	g you develop your training plan,	_
Funding source for your training:		
above conditions to the Employment Securit I authorize the Dislocated Worker / Workfo shown above, to release information to the E in training, attendance and progress in the c	rce Program and / or my counse Employment Security Departmen	
Claimant's Signature	Date	E-mail Address
Employment Security Department Use Only		
Law: RCW 50.20.043 Issue: Approved Tra	aining JSC/TeleCenter #:	BYE:
Wk(s):	Source:	
Reasoning:		
Dislocated aerospace worker per RCW 5 are expected to be, reasonable employme	Č	
JTPA Title III / EDWAA / TAA		
Legal Results: CAT allowed beginning	ti	hrough
Documentation Attached:		
Full-Time Training LMI Dislocated V		
Department Representative:		Date:

Completing the Commissioner Approved Training (CAT) Application

Accurate and complete information allows for a quick decision on your application. Most questions are self-explanatory. A few clarifications are below.

- Name of training program. For example, Diesel Mechanic, Computer Technician, Paralegal.
- *Training begins* and *Training ends*. The specific date your classes start and the specific date you will complete <u>all</u> training (not simply the end of the next quarter or term in your training plan). Specific means at least the month and year.
- List specific jobs you will be qualified for after completion of training. What kind of job(s) can you get when your training is completed? To be approved, you must take training that will enable you to become reemployed. See *Labor Market Information* below.
- What is your plan to complete training if your UI benefits run out? How will you pay for tuition, books and living expenses? Have you applied for loans or other financial aid? If you don't have a plan to complete your training when your UI benefits run out, you application may not be approved.
- Please attach labor market information or a memo from your Dislocated Worker Program counselor. Labor Market Information is necessary to determine if your training will enhance your employment prospects. It can come from many sources:
 - The Workforce or Dislocated Worker Program at the school you want to attend
 - Your program advisor or counselor
 - Your Local Employment Center or Job Service Center
 - On-line resources, such as:

WA Interactive Labor Market Access (WILMA) at http://63.84.240.100/wilma/

Washington State Labor Market Information at http://www.wa.gov/esd/lmea/

Workforce Training/ Education Coord, Board at http://www.wa.gov/careerguide/career/

The information should show you have researched your training choice and that the training will lead to a job. Attach copies of your research to your application or a memo from your Dislocated Worker Program counselor certifying your training is in an occupation or skill for which there are job opportunities. If labor market information or the memo is not attached to your application, approval may be delayed.

- If you are registered for training, please attach proof. Attach proof, if available, so there is no delay or interruption of your UI benefits. If you are on a waiting list, or waiting to register for school until you know your CAT application will be approved, **submit the CAT application** and explain this to your Employment Security representative.
- If you have a counselor or an advisor helping you develop your training plan, please provide his or her name and phone number and the name of the organization he or she represents. If we need additional information about your school plans or there are questions or problems, being able to contact your advisor or counselor directly may help resolve them quickly.
- Funding source for your training. If your training costs are being funded by an outside source, or if you're being reimbursed for your costs, knowing the source may speed up the approval process. For example, is a Dislocated Worker Program funding your training, or are you eligible for QTTP tuition assistance / reimbursement?

If you are an <u>unemployed aerospace worker</u> you can mail (or fax) the completed application and supporting

documents to the: King County TeleCenter

Attention: Boeing CAT Coordinator

PO Box 47076

Seattle WA 98146-7076 FAX (206) 766-6232

If you have questions about CAT or your CAT application, please call toll-free 1-877-600-7701.